

### MAKING THE CHOICE...

- Visit the facility several times
- Sample the food
- Speak with residents and their families
- Read the Resident Agreement and House Rules
- Read the most current Licensing survey

### RESIDENT RIGHTS...

- Is your care provided privately
- Are you allowed to visit with guests privately?
- Do you receive your mail unopened?
- Is the staff responsive to your needs?
- Are you allowed to make your own decisions?
- Are you free of physical and verbal abuse?
- Are you free of chemical and physical restraints?
- Are you allowed to choose your own doctor and pharmacy?
- Are you treated with dignity and respect?

## How to contact Ombudsman Services:

State Ombudsman  
Senior & Long Term Care/DPHHS  
PO Box 4210  
Helena, MT 59604-4210

Toll Free Number:  
1-800-332-2272



All Contacts Are Kept  
Confidential

To contact your local Ombudsman,  
call your local Area Agency on Aging  
toll-free at:

1-800-551-3191



### ASSISTED LIVING FACILITY ASSESSMENT CHECK LIST



THE LONG TERM  
CARE

OMBUDSMAN IS  
YOUR ADVOCATE

*Contact us at:*  
*PO Box 4210*  
*Helena, MT 59604*  
*Telephone:*  
*(406)444-7785*  
*Toll-Free:*  
*1-800-332-2272*



## MAKING A CHOICE...

When making the choice to move to an assisted living facility either for yourself or your loved one, there are some things to consider before making the move.

- First Impressions
- Sensory Observations
- Making the Choice
- Resident Rights

This pamphlet will assist you in making an informed choice as you or your loved one makes the transition into an assisted living.

At any time during this process you feel that you need more assistance in make the choice, contact the Montana Ombudsman Program for further guidance at 1-800-551-3191

## FIRST IMPRESSION...

- Are the residents happy and greet you?
- Is the Staff Friendly?

- Are there any odors when you walk through the door?
- Are the residents engaged in activities that are purposeful and meaningful to them?
- Is there a posted activity calendar?
- Are the rooms shared or private?
- Are the bathrooms shared or private?
- Is the call system accessible and usable for you?
- Are you allowed to furnish your own room?
- Do the units have TV and Telephone hook ups?
- Is there a posted menu?
- Does the facility prepare food for special diets?
- Are guests allowed to stay for dinner?
- Is there adequate staffing?
- Are there any religious clauses in the resident agreement or house rules?
- Are smoking and pets permitted?
- Are Resident Rights promoted?
- Is the facility insured?

## SENORY OBSERVATION...

### Sight

- Are the surroundings homelike or cold and sterile?
- Does the atmosphere invite visitors?
- What color are the walls? Are they bright and cheerful or dull and drab?
- Are there blocks of idle time during the day?
- Are the call lights answered in a timely fashion?

### Sound

- Are residents involved in activities that promote conversation?
- Are call lights ringing often and long?
- Is music piped into the corridors too loud? Is it appropriate for residents?
- Do staff speak pleasantly to each other and residents?

### Smell

- Is there a strong urine odor or disinfectant odor?
- Is the odor offensive or unpleasant?
- Do residents smell?

### Taste

- Is the food good?
- Is it cooked completely through?
- Is hot food hot and cold food cold?
- Is the water fresh?

### Feel

- Are the sheets soft or stiff?
- Is the building too hot or too cold?
- Is the atmosphere warm and inviting?